

SAFETIES AND GOVERNORS
Periodic 5 Year Inspection and Test
(ASME A17.1 Rule 8.11.2.3)

Date:

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

1. Type of Elevator		Passenger <input type="checkbox"/>	Freight <input type="checkbox"/>	Drum <input type="checkbox"/>
2. Rated Capacity		lbs.	Rated Speed (up)	
			Operating Speed (down)	
3.		Instantaneous <input type="checkbox"/>		
4. Type of Safety Device		Gradual Wedge-Clamp <input type="checkbox"/>		
5.		Flexible Guide-Clamp <input type="checkbox"/>		
6. Manufacturer of Safety Device		Combination Instantaneous and Oil Buffer <input type="checkbox"/>		
7. Manufacturer of Speed Governor		Safety Device ID. Number		
8. Governor Jaws		Speed Governor ID. Number		
Bronze <input type="checkbox"/>		Iron <input type="checkbox"/>	Condition of Jaws Before After	
9. Type of Governor Rope		Manila <input type="checkbox"/>	Iron <input type="checkbox"/>	Steel <input type="checkbox"/>
		6 X 19 <input type="checkbox"/>	8 X 19 <input type="checkbox"/>	Size (dia.)
10. Governor Jaw Pull Through		lbs.	Release Carrier Pull Through	lbs.
			Condition of Governor Rope	
11. Governor Tripping Speed		Governor Overspeed Switch Tripping Speed		
12. Was Governor Readjusted?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Overspeed Switch Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Resealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Length of Marks On Guide Rails		Left Guide Rail	ft.	in.
		Right Guide Rail	ft.	in.
14. Did Car Set Out of Level		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Inches Out of Level		
15. Condition of Guide Rails After Test		<input type="checkbox"/> Good <input type="checkbox"/> Not Good		
		Wooden Guides Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Number of Turns On Drum Before Test		Number of Turns On Drum After Test		
17. Was Test Made With Rated Load?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Was Test Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, Explain		
18.				
19.				
20. Data Tag Attached? <input type="checkbox"/> Governor <input type="checkbox"/> Governor Release Carriage				

The Above Safety and Governor Test Was Performed in Compliance With ASME A17.1 Rule 8.11.2.3 And Comm. 18	
Firm Performing Test	Date of Test
Name of Person Performing Test (Print)	Signature of Person Performing Test

Reports Shall Be Filed With the Department of Commerce Within 15 (Fifteen) Days of Performing Test.

Copy Distribution: One copy to be retained by firm or person performing test
One copy to be sent to Safety And Buildings Division, P.O. Box 7302, Madison, WI 53707-7302
One copy to be retained by owner or tenant